13. Have you taken the example Yes N	minations administered by	y the National Board o	f Podiatric Medical l	Examiners?	
	by location, date and re-	sult of examinations.	Submit certification	of scores from exam	ination
Examination	Location	Dat	te	Result	
Part I	200000			Itobair	O
Part II					C
Part III (PMLexis)					O
14. Have you completed, of Medical Education? If YES, list name and a	or are you currently parti Yes No ddress of the program fac	, ,		•	odiatric
Name of Program	Address			Type of Residency	СРМЕ
Name of Residency Director	1	Dates Attended From	n: (mm/dd/yy) T	o: (mm/dd/yy)	
Name of Program	Address		7	Type of Residency	СРМЕ
Name of Residency Director	1	Dates Attended From	n: (mm/dd/yy) Te	o: (mm/dd/yy)	
	. 1		. 0 37	N.T.	
If YES, list state or country Submit a Letter of Good	to practice podiatric med untry, license number, da d Standing from each stat neet of paper if necessary.	e in which you are lice	practice in issuing a		or each.
If YES, list state or cou Submit a Letter of Goo Please use additional sh	untry, license number, da d Standing from each stat neet of paper if necessary.	te issued and dates of e in which you are lice	practice in issuing a ensed or have been lied. Dates of Prac	gency's jurisdiction for censed (Form P3).	
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